

# Conference Registration Form

## 1999 National HIV Prevention Conference

Hyatt Regency Atlanta Hotel • August 29 - September 1, 1999 • Atlanta, Georgia

Return completed registration form with payment by July 23, 1999 to:  
National Minority AIDS Council, ATTENTION NHPC  
1931 13<sup>th</sup> Street NW  
Washington, DC 20009-4432

**No faxed** registrations will be accepted. For questions about registration, please contact the Registration Coordinator at (404) 639-1942 or via E-mail at 99HIVCONF@cdc.gov.

### Participant information


Please complete a separate form for each individual (photocopies acceptable).

NOTE: Name tags will be produced from information printed below, so please print or type clearly.

NAME : \_\_\_\_\_  
Last First Middle Initial

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please note needs: ☐ Sign Interpretation ☐ Wheelchair Access ☐ Other (*specify*) \_\_\_\_\_

### Demographics (*optional*)

The information in this section is for statistical purposes only and is confidential.

Gender: ☐ Female ☐ Male ☐ Transgender

Age Range: ☐ Under 22 ☐ 22-31 ☐ 32-40 ☐ 41-50 ☐ 51-60 ☐ 61 & over

Race/Ethnicity: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander  
☐ Latino/a ☐ White Non-Hispanic ☐ Other (*specify*) \_\_\_\_\_

Registration Fees (postmarked by July 23, 1999)	_____	\$250.00 US
Registration Fees (after July 23, 1999, onsite registration only)	_____	\$300.00 US
Banquet (Tuesday evening, August 31, 1999; limited seating available)	_____	\$ 65.00 US
<b>Total Amount Enclosed</b>	_____	\$ _____

### Payment

☐ Check or money order enclosed (payable to the National Minority AIDS Council)

☐ Charge credit card: ☐ Mastercard ☐ VISA ☐ American Express ☐ Diners Club ☐ Carte Blanche

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ Purchase Order attached. (*Please provide signed Purchase Order or authorization form*).

NOTE: Written cancellations that are postmarked by July 30, 1999, will be honored. Refunds, less a \$50 administrative fee, will be returned 6-8 weeks following the meeting.